

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

x Specified Remedy

(Will use the criteria and
notice requirements specified
in the regulation.)

TN No. 95-13

Supersedes

TN No. 89-36

Approval Date: 1-16-96

Effective Date: 7/1/95